



July/August 2010



SCHOOL AND SPORTS PHYSICAL EXAMS



**Please call to
schedule an
appointment
410-293-2273**

Naval Health Clinics

Annapolis, Earle, Lakehurst, Mechanicsburg, Philadelphia,
Willow Grove
www.med.navy.mil/sites/annapolis

Volume 1, Issue 3

CAPT'S CORNER

Captain Richard L. Schreff, Jr



Dear NHC Annapolis Family!

Thank you all for your hard work and dedication as we all prepare for the class of 2014 Induction Day (I-Day). I'm proud to say that no other MTF has the opportunity to experience such a unique tradition as I-day. Summer is the busiest time of the year for us here at NHC Annapolis (NHCA); your leadership and clinical excellence will set the tone as you will be the medical leaders at all levels interacting with the Midshipmen and USNA staff. Quality healthcare care and patient safety will continue to be the foundation of our health care delivery, and I expect you to continue to take responsibility and keep that "can do" spirit whether it is supporting MST, PEP tent, sick-call at Bancroft Hall, or patient care here at Hospital Point. I want to take this time to welcome CAPT Davidson our new Executive Officer, PSI's, and recently PCS'ed TAD personnel who are assisting us this summer. We are all glad that you are here! I am very excited to announce our new Primary Care Clinic hours, Monday thru Friday, 0730-1800 starting 6 July with radiology, laboratory and pharmacy services until 1830. Starting in August wellness appointments will be available on Saturdays 0800-1200. Physical therapy, orthopedics and podiatry will return to Hospital

Our MISSION is to optimize the health and readiness of the Brigade of Midshipmen, Active and Reserve forces, and all entrusted to our care.

Point in August. In the near future, an internal medicine physician, pharmacist and a physical therapist as well as additional support staff will be added to our Primary Care team. We will be looking to add extended hours on a limited basis also at BHC Earle and Lakehurst. Extended clinic hours will support Navy Medicine's strategic goal of implementing a patient and family centered healthcare delivery system for primary care that is team-based, comprehensive, and designed to fully meet the complete primary care health and wellness needs of our patients. This primary care model will transition from an patient/individual provider model to a standardized primary care team model that will provide better access, continuity, wellness, and disease management for our patients. We must pull together as a TEAM and assist each other in realigning personnel, spaces or equipment as required. Thanks for your cooperation! Please take care of each other and be safe as we head into the busy summer months.

New Optometry Clinic at BHC Earle

Services Offered:

Complete eye exams
Refractive surgery consultations
New frame of choice selections
Available for Active duty, retirees
and dependents

Hours: 0800-1600 Wednesdays
Call for appointment: (732) 866-2300



CIVILIAN OF THE YEAR

Cheryl Kaminska

for her outstanding service in support of Navy Medicine and the Naval Health Clinic Annapolis and it's Branch Health Clinics as Patient Safety Manager for the period of 01 Jan to 31 Dec 09.

Her commitment to Navy Medicine and Patient Safety is demonstrated by her extraordinary efforts to improve compliance with the National Patient Safety Goals and educate staff members regarding those goals and the basic concepts of Patient Safety. She worked daily and tirelessly with staff to prepare them for the Inspector General (IG) and The Joint Commission (TJC) surveys. Her efforts in preparing four additional clinics for inspection in such a short period of time were nothing less than heroic. She performed daily walk arounds of NHCA clinic spaces to ensure patient safety goals and command policies were being met and visited each of the four outlying clinics to monitor their readiness for inspection. Information gleaned from each clinic was provided to the department heads and clinic managers for correction. She provided a tool (CEZAR) each month to each clinic to assist in identifying areas for improvement. At the direction of BUMED, she observed invasive procedures to ensure compliance with Universal Protocol. She worked with the Pharmacist to capture and track near misses and medication errors in the Pharmacy. Data was analyzed to determine corrective actions to be taken. Cheryl has taken the initiative to develop her computer skills which has contributed to the success of the Patient Safety Program. She has designed and maintained a Patient Safety dashboard that facilitated tracking compliance with the Patient Safety Goals and reported monthly to the Executive Steering Committee (ESC). Several other commands have requested the dashboard template for use in their own facilities. She coordinated a Failure Mode and Effects Analysis (FMEA) team that examined the notification of mental health staff for patients in crisis that led to a Call Center staff policy and training regarding the urgency of action. Cheryl developed command policies for the Patient Safety Goals that were approved by the Executive Committee of the Medical Staff (ECOMS) and distributed to the staff at NHCA and BHCs. She presented a Patient Safety brief at orientation and training stand downs, as well as onsite individualized staff training at the various clinics. She provided valuable insight for the pre-construction meeting to ensure patient safety requirements were addressed for the newly renovated Pediatric Clinic.

She created numerous posters on the Patient Safety goals and placed them in strategic locations at NHCA and BHCs to aid in educating the staff on the goals. Each month a Patient Safety Report is sent to BUMED by the 15th of each month on specific patient safety issues. Cheryl tracks identified deficiencies diligently and works with individual departments to collect the appropriate and timely data and ensure adequate investigation. The report is presented to the ESC before submission to BUMED. Cheryl has revised the Patient Safety Standard Operating Procedures manual and the tracking system for all Patient Safety reports on an EXCEL spreadsheet that ensures timely review and accountability for the reports.

There were no findings in the Patient Safety Program during the recent IG/TJC surveys. Cheryl takes the lead in working patient safety issues with the entire staff and mentoring junior nursing and hospital corpsmen staff at BHCs. Her willingness to accept responsibility for the program and her ability to identify opportunities to ensure safe, quality healthcare for our patients, makes her an extremely valuable and productive member of the command. Cheryl has taken the Patient Safety program to a new level. Congratulations!!



Don't leave home without them!!

Summer time finds many of us travelling away from home and our provider. While preparing for your trip, remember these following patient safety trips:

- Bring your TRICARE Prime card in the event you get sick and need health care.
- Make sure your DEERS information is accurate and up to date by contacting www.tricare.mil or calling 1-800-538-9552.
- If taking prescription medications, order refills and pick them up before you pack.
- Bring copies of all prescriptions in the event your medication gets lost.
- For air travel, baby formula and breast milk are allowed if traveling with a small child. Asthma inhalers are allowed; but be sure to bring the box or prescription label. Other labeled prescription medications, to include lubricants such as eye drops and saline solutions, can be carried on board. Place all medications in a 1 quart size zip lock bag for the security screening. Check the latest carry on rules at <http://currenttsarules.com>.
- Pack your glasses & contacts if you wear them – and don't forget the sunglasses too. For extended travel, bring a copy of your glasses prescription.
- For those going overseas, check to see if any special immunizations or medications may be needed. Check the rules of the countries you will be visiting for any special guidance.

The Center for Disease Control and Prevention recommends that overseas travelers pack a travel kit to contain any prescription medications as well as treatment items for minor illnesses or injuries that could occur on a trip. Contents could include bandages, gauze, adhesive tape, antiseptic ointment, and cold, pain, fever, upset stomach or diarrhea medications as well as throat lozenges, and a decongestant. Depending on your destination, you may want to include sunscreen, insect repellent, and aids for blisters. For travelers in the US, the same kit is not a bad idea, especially if you are travelling with children.

Plan ahead, be safe, and enjoy your trip! We will see you when you are back home!



The Importance of Sunglasses:

Sunglasses are crucial because too much sun can damage your cornea leading to cataracts or macular degeneration. When you buy sunglasses, price doesn't matter, but protection does. There's no correlation between price and quality. You want sunglasses that block 99 percent of UVB rays and 50 percent of all UVA rays. Wraparound and shatterproof sports sunglasses provide excellent protection if they have UV protection. These will also cover and protect the skin around your eyes, where we forget to

put sunscreen. Be sure children wear sunglasses that have UV protection, too. This kind of damage is cumulative and children's eyes are most susceptible to UV damage because the lenses in their eyes have not yet begun to cloud. Remember that UV damage is possible year-round, not just in the summer. Your eyes can still get damaged on cloudy days. And just as with fair skin, light colored eyes may need stronger protection because they have less pigmentation. Finally, you also should ask for UV coating on your prescription glasses.

Hats: More Than Head Gear? Hats help hair, but they are not adequate to protect the eyes. Remember that much sun is reflected back up to the face from sidewalks or the beach and this light hits more directly, rendering hats useless. It's important to wear sunglasses with the proper protection as well.

Sun Exposure:

Sun exposure isn't all bad. It's a key source of vitamin D. Even with that benefit, sun exposure should be limited to 15 minutes. The best time to get that sun is before 10 a.m. or after 2 p.m. A great rule of thumb is to get it when your shadow is taller than you are. That means the sun is low enough in the sky to avoid the harsh sun that could be trouble. One more tip: The right foods can help protect you from the sun. We consume antioxidants, so we need to replenish with lutein-containing leafy green veggies. Eating tomatoes will help protect you against burns. Protecting yourself from rashes, poison ivy, oak and sumac are very similar. Poison ivy and oak are climbing vines with aerial rootlets, and they have three to five leaflets per leaf. Sumac has seven to 13 leaflets per leaf and is found in swamp areas. You get infected when you touch any part of the plant. Even breathing in smoke from the plant when it burns can cause a reaction.

Be Ready For Your Next Doctor's Appointment

Patient Checklist

What do I want to ask my doctor today?

1. What is my diagnosis and what does it mean in terms I will understand?
2. What is my outlook for the future? (How many days will I feel sick?)
3. What are my treatment options?
4. What will this medicine do to cure or help improve my condition?
 - a. How long after taking this medication will I start to feel better?
 - b. How long do I have to take this medication?
 - c. Are there any side effects when taking this medication? (Nausea, vomiting, diarrhea)
5. What is the purpose of this test/procedure?
 - a. What can I expect to occur during this test/procedure?
 - b. How will I feel during and after the test/procedure?
 - c. Are there any alternatives to this test/procedure?
6. Is the care recommended covered by my health plan? By some health plans?

What do I want to tell my doctor today?

1. When the symptoms started and how long symptoms have lasted.
 - a. Anything that causes the symptoms.
 - b. What the symptoms feel like, and are they getting worse, better, or staying the same?
 - c. Any lifestyle changes made when symptoms began (changed diet, changed exercise routine, or changed sleep pattern, etc.)
 - d. Is there anything I can do to make the symptoms better?
2. Bring a complete list of all the medications you are currently taking: prescribed, over-the-counter and vitamin/mineral supplements. Include the amount you take daily, how often, and if there are any special instructions. (Bring all your medications, from all your physicians.)

Plan for your College Student's Health Care

As college students prepare to leave for school, make sure your student knows how to use his or her TRICARE benefits. College students are eligible for TRICARE until they graduate or turn 23 years old, whichever comes first. Be sure DEERS is updated to reflect their student status. Students who are enrolled in TRICARE Prime can transfer enrollment to the location where they will be attending school. The sponsor must submit a "TRICARE Prime Enrollment & PCM Change Form" to continue prime health care coverage and get a new Primary Care Manager assigned. Remember to update DEERS to reflect the address where the student will be living while going to school. To avoid any point-of-service costs, students will need to obtain their routine health care and specialty consults from their PCM. Other options include having students use TRICARE Standard, which provides the most flexibility for seeing providers at a higher cost, or TRICARE Extra. To use these options, students need to see any TRICARE authorized provider. If signing up for a student health insurance plan, TRICARE will become a secondary payor. Students using Prime or Standard can use the Pharmacy benefit anywhere with current DEERS and valid ID. For more information, please visit www.TRICARE.mil/college-students or stop by the NHC TRICARE Office for assistance.

Newsletter Staff:

- ❖ Public Affairs Officer (PAO)
LT Doersom
- ❖ Assist PAO
LTJG Moye
- ❖ Edit, Layout and Design
Tracey Despeaux
- ❖ Editor
CAPT McCain
- ❖ Writers
Ray Wiles, Mary Cole,
HM2 Sprouse, Eva Miller
HM3 Schilling, Bill Korman
Susan Hennessy,
Cheryl Kaminska
- ❖ Photographers
HM3 Harmon
HM3 Schilling
- ❖ BHC Writer - HM1 Williford

PROVIDER SPOTLIGHT



Please welcome our new Flight Surgeon LT Jonathan H. Berger, MC, USN, who grew up in the great state of Pennsylvania and is an avid Pittsburgh Steelers fan. He graduated from the University of Toledo; College of Medicine in 2008 and during his training met his future spouse Carolyn, who also practices medicine. In LT Berger's short Navy tenure, he has served in Pensacola, Bethesda and now Annapolis. He recently went through Flight Surgeon Training in April 2010 and will be FAA certified in July. He plays a vital role in the health and welfare of the Midshipmen and we welcome his attributes to Team Annapolis.



Kudos to...

LT Anderson (Orthodontics) and LT Collins-Diesley (Pediatric Dentistry) who both received DUINS approval in two very competitive residency programs.

Dr. Klass for Civilian of the 1st Quarter.

CDR Ewing has been selected as Flag Aide for ADM Stocks.

NHCA MWR personnel for an OUTSTANDING job during Blue Angels week.

NAVAL HEALTH CLINIC ANNAPOLIS AND BRANCH HEALTH CLINICS

**Awarded Three Year
Accreditation By
The Joint Commission in
November 2009**

By demonstrating compliance with The Joint Commission's national standards for health care quality and safety, Naval Health Clinic Annapolis (NHCA) and the Branch Health Clinics (BHCs) have earned the Joint Commission's Gold Seal of Approval.

Achieving accreditation demonstrates NHCA has voluntarily sought an independent evaluation of its compliance with state-of-the-art performance standards. Obtaining accreditation is another step toward excellence. The staff is very supportive of the process. It gives them the feeling of prestige to work in an accredited organization. The staff appreciate the educational aspect of the survey and the opportunity to interact with The Joint Commission surveyors. Naval Health Clinic Annapolis staff remain dedicated to Continuous Quality Improvement.

An independent, not-for-profit organization, The Joint Commission is the predominant standards-setting and accrediting body in health care. Since 1975, The Joint Commission has developed state-of-the-art standards for outpatient ambulatory care organizations. Nearly 1,200 freestanding ambulatory care organizations maintain Joint Commission accreditation.

40 HOURS/MONTH OF FREE RESPITE CARE AVAILABLE FOR CATEGORY IV OR V EFM CHILDREN OF SAILORS!

For more information, please contact Brooke Kaiser, Respite Services Director at 301-920-9718 or email at bkaiser@eseal.org

WHO IS AN EXCEPTIONAL FAMILY MEMBER?

An Exceptional Family Member (EFM) is an authorized DEERS eligible family member who possesses a physical, emotional, developmental or educational disability, or condition requiring special medical, mental health, or educational services.

WHAT IS THE EFMP?

The Exceptional Family Member Program (EFMP) can assist Navy and Marine Corps families in managing the dual demands of a Active Duty career and the special needs of their child. Visit <http://www.npc.navy.mil/CommandSupport/ExceptionalFamilyMember/> to learn more about EFMP.

WHAT IS CATEGORY IV OR V?

EFM category IV and V refers to an exceptional family member whose medical conditions requires assignment near major medical facilities INCONUS, or whose needs are complex and specialized requiring continuity of care.

HOW DO I KNOW IF I AM ELIGIBLE?

The family is enrolled in the Navy's EFMP. If you are not enrolled, it is a straight forward process.

The EFM child is between the ages of birth to 18 years, and is category IV and V.

You are stationed at one of the following Navy locations: Greater Washington DC

HOW DO I APPLY?

Call Child Care Aware at 1-800-424-2246. Child Care Aware will connect you to the local participating agency to assist your family in finding local respite care services, or visit <http://www.naccra.org/MilitaryPrograms/NavyEFMP/> for more information on the Respite Care program!

YOUR OPINION MATTERS TO THE NAVY SURGEON GENERAL

The Navy Medicine Patient Satisfaction Survey measures your perception of Navy healthcare. You may be contacted within 48 hours of this appointment for your feedback.

YOUR RESPONSES ARE CONFIDENTIAL



YOUR PERSONAL MEDICAL INFORMATION IS PROTECTED



PLEASE TAKE 5 TO 10 MINUTES TO PARTICIPATE



CONTACT YOUR PATIENT RELATIONS DEPT.
WITH ANY QUESTIONS REGARDING PSS



YOUR PARTICIPATION HELPS US HELP YOU



NAVY MEDICINE
World Class Care...Anytime, Anywhere

DISEASE MANAGEMENT TOBACCO CESSATION



In the battle against tobacco use, military and civilian public health professionals are on the same team. We all want people to stop using tobacco and have access to the most effective and appropriate cessation services available. In the real world, however, we sometimes forget the support and resources we gain from collaborating with each other. This unique collaboration is the focus of Project UNIFORM (Undoing Nicotine Influence From Our Respected Military). Our goal is to build bridges between military and civilian tobacco prevention/cessation resources so that we can assist those

within military communities to educate on and stop the use of tobacco. While we have made many inroads into solidifying these collaborations, in the end it is often the medical provider that is critical in assisting service members and their families to quit using tobacco products. With so many demands put on providers and the belief that tobacco interventions take an enormous amount of time, tobacco cessation may take a back seat to other concerns. But what if providers could give a tobacco intervention in less than 2 minutes and feel confident that it would be successful? What if providers had access to national networks of services? What if providers could offer web-based tools that a patient would want to use?

What if all of these things were free and available to anyone, anywhere within the United States and beyond? The wait for all of these options is over! In collaboration with national resources, and by utilizing a simple 2-minute approach, every provider can give their patients access to tobacco cessation services regardless of what is offered within an installation, MTF, and/or community. First, every provider can use the AAR approach. It is as simple as Asking all service members and beneficiaries if they or anyone in their household uses tobacco; Advising them that it is in the best interest of their overall mental and physical health to quit using tobacco; and Referring them to appropriate quit resources. These resources could include hospital-based programs or on-installation resources, but those aren't the only options. Anyone can call 1-800-QUITNOW from any US state or territory and receive tobacco cessation help and resources for FREE. These quit lines offer counselors who are well trained and usually available late into the evening. If telephone help isn't appealing to the patient, anyone can go to the DoD-sponsored website ucanquit2.org and access live tobacco cessation chat, calculate how much they spend on tobacco products, and/or use tools to help them to quit tobacco. Most tobacco users want to quit, but they don't know how. By utilizing all of the resources you have on your installation as well as collaborating with civilian tobacco control efforts, you as a provider can offer a variety of tobacco cessation options to your patients. In the end, military and civilian public health providers are on the same team in the battle against tobacco use. Through collaborative efforts we all benefit. For more information please contact Susan Hennessy, MHA, RN, BSN, Health Promotion Coordinator, 410-293-1172 or susan.hennessy@med.navy.mil.